Gynaecology Cancer Red Flags

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Gynaecological Cancers

• Endometrial Cancer
• Ovarian Cancer
• Cervical Cancer
• Vulval cancer
• Vaginal cancer (very rare)
2ww (Fast Track) Referrals

• GP referrals under criteria defined by CCG
• Seen in secondary care with 14 days of referral
  – 150 referrals per month at NBT (increased from 120 in 2015)
  – 35 per week
  – 7 per working day
• Booked into ANY consultant clinic in ANY location (Southmead, Cossham, Clevedon, Thornbury, Yate)
• PMB may be seen by PMB nurse (2 clinics per week)
Problems with 2WW referrals

• Not triaged as delays appointment date
• Patients defer appointments or DNA
  – Patients are not told they may have cancer
  – Patients are told they do not have cancer
  – Patients are on holiday or not available
• Many patients do not fulfill the 2WW criteria
• All patients need to be seen in a consultant clinic so timely decision can be made about management
  – Confirm the scan findings (endometrium easy, ovaries difficult)
  – Check the examination findings (cervical lesion/ vulval ulcer)
  – Reassure if no cancer detected
Example case 1

- 48 year old attends for routine cervical smear
- Normal periods, no IMB or PCB
- Normal smear history
- Para 2
- Examination reveals 2cm smooth cervical polyp protruding through cervical os

- What is your management?
Example Case 1

- Consider removal of polyp
- Leave it and take smear
- Refer to gynae clinic urgently
- Refer to gynae clinic on 2WW
- Refer to gynae clinic routinely
- Arrange a TV scan
Example Case 2

- Age 48 years presents with urinary frequency
- Normal periods
- Para 2
- Abdominal examination reveals palpable mass arising from pelvis, smooth and non tender

- What should you do?
Example Case 2

• Refer on 2WW pathway
• Measure ca 125 and refer on 2WW pathway
• Arrange a pelvic ultrasound scan urgently
• Arrange a pelvic ultrasound routinely
• Arrange a pelvic ultrasound AND take Ca 125
Example Case 2

• Ultrasound shows single 10 cm fibroid in anterior uterus

• What should you do next?
Example Case 2

• Ultrasound shows normal uterus and complex cyst 10 cm in diameter with multiple solid areas anterior to the uterus, normal right ovary, left ovary not seen, no ascites

• What should you do next?
Example Case 3

• Aged 68 years
• Known lichen sclerosus well controlled on potent topical steroids, stopped treatment two years ago
• Noted worsening vulval soreness
• Examination reveals widespread changes of lichenification with erythema and a shallow ulcer on left labia minora

• What should you do next?
Example Case 4

• Age 54 years with vaginal bleeding
• Amenorrhoeic on HRT Evorel Conti since 2013, discontinued HRT 7 months ago

• What should be your management?
Example Case 5

- Aged 91 years
- Severe dementia in a care home, walks with a Zimmer, severe kyphosis
- Carers noted blood, no frank bleeding
- Ultrasound reveals 9mm endometrium

What would you recommend?
Example Case 6

• Aged 48 years
• Heavy vaginal bleeding for 6 weeks stops with norethisterone
• LMP 2 years ago, hot flushes, raised gonadotrophins, diagnosed with menopause
• Ultrasound scan shows 3 mm endometrium and 3 cm simple ovarian cyst

• What would you recommend next?
Example Case 7

• Aged 85 years
• Ultrasound scan for pelvic pain reveals 7mm endometrium
• No PMB

• What would you do next?
End of Cases
Endometrial Cancer

- Most common 2WW referral
- Nationally 10% pmb have cancer
- NBT 7% PMB have cancer
Who is at risk of endometrial cancer?

• 2WW criteria
  – Post menopausal bleeding
  – Persistent bleeding 6 weeks after stopping HRT

• NICE criteria
  – Refer on 2WW if over 55 years with pmb (unexplained bleeding 12 months after LMP due to menopause)
  – Consider 2WW if under 55 years with pmb
  – Consider ultrasound for women over 55 years with unexplained vaginal discharge presenting for the first time
Pathway for 2WW possible endometrial cancer

- Consultant gynae clinic or nurse led PMB clinic
- Full gynae history
- TV scan – (normal if endometrium <4mm)
- Speculum examination
  - Exclude cervical cause for bleeding
  - Assess for pipelle biopsy
- If abnormal endometrium on TV scan
  - Default is out patient hysteroscopy
    - Well tolerated (especially by elderly and infirm)
    - No need for speculum
    - Vaginoscopy technique
    - Can remove polyps
Examples of PMB 2WW endometrial cancer

• Bleeding after 4 years amenorrhoea with Mirena
• Bleeding on HRT but does not wish to stop HRT
• Previous hysterectomy but unsure if total
• Normal hysteroscopy 6 months ago – recurrent bleeding
What should a GP do for PMB?

• Consider age of patient to assess risk
• Examine
  – Exclude local cause of bleeding
  – Confirm bleeding is vaginal
• Consider scan before referral?

Note: Light PMB bleeding more significant than heavy bleeding PMB
Ovarian Cancer – who is at Risk?

2WW criteria
• palpable pelvic or abdominal mass which is not obviously fibroids
• Ultrasound showing suspicious ovarian cyst
• Please take CA 125 before referral

NICE criteria
• Urgent referral if physical examination identifies ascites and or pelvic or abdominal mass (not obviously fibroids)
• Carry out tests in primary care if women over 50 present with bloating, early satiety, pelvic or abdominal pain, increased urinary frequency or frequency
• Carry out tests for ovarian cancer in any woman over 50 years who has new onset of symptoms suggestive of IBS
• Measure C125 in primary care in women with symptoms that suggest ovarian cancer
• If Ca 125 greater than 35 IU/ml arrange an ultrasound
• If Ca 125 normal or CA 125 raised and scan normal reassess for other cause of symptoms
2WW pathway for possible ovarian cancer

• Consultant Gynaecology Clinic
• Full gynaecological history and examination
• Undertake ultrasound if not done previously
• Undertake CA 125 if not undertaken previously
• Calculate RMI
• Refer to gynaecology MDT if raised RMI
CALCULATION OF THE Risk of Malignancy Score (RMI)

- The RMI combines three features.
  - serum CA125 level (iu/ml);
  - the menopausal status (M);
  - and an ultrasound score (U)

\[ \text{RMI} = U \times M \times \text{CA125} \]

- The ultrasound result is scored 1 point for each of the following characteristics: multilocular cysts, solid areas, metastases, ascites and bilateral lesions.

- The menopausal status is scored as:
  1 = premenopausal
  3 = postmenopausal.

- Serum CA125 is measured in iu/ml and can vary between zero and hundreds or even thousands of units.
RMI for Ovarian Cancer

• RMI Malignancy Risk in post menopausal women
  – 75% risk of malignant if greater than 200
  – 20% risk of malignancy if 25-200
  – 3% risk of malignancy if < 25

• Ovarian Cancer in premenopausal women is rare
  – 1 in 1000 ovarian cysts in pre menopausal women are malignant
  – Ca 125 in pre menopausal women is unreliable in predicting ovarian cancer as high false positive rates (raised in fibroids, endometriosis, adenomyosis, pelvic infection,
Examples of 2WW ovarian cancer referrals

• 5cm simple cyst in 80 year old found on CT
• 3cm dermoid in 25 year old with pelvic pain
• 5cm dermoid found in EPC at time of miscarriage (keen to conceive again)
• 5mm endometrium found on scan of kidneys (no bleeding)
Who is at risk of cervical cancer?

- 2WW criteria
  - Clinical features of cervical cancer
  - Persistent imb with negative pelvic examination

- NICE criteria
  - Refer on 2WW pathway if on examination the appearance of the cervix is consistent with cervical cancer
2WW pathway for cervical cancer

- Consultant Gynaecology Clinic
- Full gynaecological history and examination
- 80% cervical cancers are diagnosed on speculum examination
- If cervical cancer is suspected a cervical biopsy can be taken in the gynaecology clinic
- If diagnosis unsure referral to colposcopy for a second opinion
Examples of 2WW cervical cancer referrals

• Irregular bleeding with normal smear history – unable to visualise cervix
• Irregular bleeding, normal smear history, cervical ectropion looks benign but bled on contact
• Post coital bleeding, cervical polyp bled on contact
• Irregular bleeding on ocp, cervical ectropion, too young for smear
Who is at risk of vulval cancer?

• 2WW criteria
  – Unexplained vulval lump with bleeding or ulceration

• NICE criteria
  – Consider a 2ww referral for vulval cancer in women with unexplained vulval lump, ulceration or bleeding
2WW pathway for suspected vulval cancer

• Consultant Gynaecology Clinic
• Full gynaecological history and examination
• If vulval cancer is suspected a biopsy can be taken in the gynaecology clinic
Examples of 2WW referrals for suspected vulval cancer

- Known previous history of lichen sclerosus, no treatment for 2 years – vulval soreness
- Vulval lump could be sebaceous cyst
- Vulval lump for 5 years increased in size
- Painful lump on mons pubis
Other potential Red Flag Symptoms?

Could this be endometrial cancer?

• Heavy periods
• Irregular periods
• Intermenstrual bleeding
• Post coital bleeding

• Beware of large BMI and nulliparity
Other potential Red Flag Symptoms?

Could this be cervical cancer?

- Intermenstrual bleeding
- Post coital bleeding
- Vaginal discharge
- Dyspareunia

- Be aware of other risk factors – early coitus, HPV, multiple partners
Other potential Red Flag Symptoms?

Could this be ovarian cancer?
• Irregular vaginal bleeding
• Pelvic pain
• Abdominal bloating with normal CA 125 and normal ultrasound

• Be aware of family history
What to do if unsure?

Email for advice

Nbn-tr.gynaeadvicefordoctors@nhs.net
Summary of key points

- Always check Ca 125 at time of referral for suspected ovarian cancer
- Simple ovarian cysts are rarely due to cancer
- Bleeding on HRT does not need 2WW referral unless persists 6 weeks after stopping treatment
Summary of key points

• If symptoms do not fit the 2WW criteria boxes then patient probably does not need a 2WW referral

• Incidental finding of increased endometrial thickening does not need a 2WW referral

• Young woman with endometrioma or dermoid does not need a 2WW referral